

Angie Cimino Memorial Scholarship

Sponsored by the Native American Nurses
Association 2018 Scholarship Application



SCHOLARSHIP INFORMATION & APPLICATION FOR NURSING STUDENTS

The Native American Nurses Association (NANA) is proud to recognize a founding mother of NANA and announce the Angie Cimino Memorial Scholarship. Scholarship awards of up to \$1000 will be awarded by October 12, 2018.

PURPOSE

To assist eligible Native American nursing students in their pursuit of higher education. Students who meet the eligibility requirements below may apply.

ELIGIBILITY REQUIREMENTS FOR THOSE IN THE NURSING PROGRAM

- Enrolled member of a federally-recognized Native American Tribe. Proof of Tribal enrollment required.
- Possess a minimum of 3.0 GPA. Copy of current transcript required (unofficial accepted).
- One letter of recommendation from an advisor, instructor, clinical preceptor or applicant's employer endorsing the applicant as a qualified candidate for the scholarship.
- Accepted into a nursing program.
- Must be attending a school in the metropolitan Phoenix area

APPLICATION PROCEDURE

- Award cycle: Fall
- Please type or print legibly
- Provide ALL information.
- Application must be emailed, hand delivered, or postmarked by October 5, 2018
- Incomplete application will not be considered
- Your application must contain the following documents:
 - Completed Scholarship Application
 - Personal Statement
 - Letter of recommendation
 - Current academic transcript (unofficial transcript accepted).
 - Proof of Tribal enrollment
 - Acceptance letter to a nursing program in the metropolitan Phoenix area

APPLICATION DEADLINE

Application must be emailed, hand delivered, or postmarked by October 5, 2018 Mail to: Native American Nurses Association, Phoenix Indian Medical enter, 4212 N. 16th Street, Phoenix, AZ 85016.

CONTACT INFORMATION

For additional information, contact:

Brooklynn Dee brooklynn.dee@gmail.com
Lei-Lani White leilaniwhite@aol.com

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Association 2018 Scholarship Application

Name: _____
Last First MI

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Phone #: (____) _____ Cell#: (____) _____

Second phone or message phone#: (____) _____

Tribes: _____

Email: _____ School email: _____

Education History

High School diploma received from: _____ Year: _____

City & State: _____

Currently enrolled at: _____
College/University City State:

Year in program: _____ Degree sought: AA Bachelor Other (specify): _____

Each application will be reviewed based on the applicant's credentials, recommendation, and personal statement.
Please share in the personal statement your vision on how you would contribute to the health of Native American communities.

If selected I agree disagree, to have my name, photo, and school affiliation

published. *Attach additional documents as needed.*

Applicant Signature: _____ Date: _____

Be sure to check if your application is complete before mailing. Incomplete applications will not be considered